

Name of Person Filing JACK HEINZMAN	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (Including trade name, if any).

Name **1347 WEST FIFTH AVENUE CORPORATION**

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street **1347 WEST FIFTH AVENUE**

City **COLUMBUS**

State **OH** ZIP Code + 4 **43212**

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

9. Business deals with:

- a. Labor Organization
- b. Trust
- c. Employer

11.a. Nature of such dealing.

**1347 WEST FIFTH AVE CORPORATION HOLDS
TITLE TO THE BUILDING THAT BRICKLAYERS
LOCAL UNION #55 OWNS**

11.b. Approximate dollar value of such dealing.

BUILDING MANAGER WAGES

*** 3,000**

REIMBURSED EXPENSES

*** 5,993**

12.b. Amount.

*** 8,993**

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

14.b. Amount of payment.

13.b. Is the Business an Employer or Consultant ?

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8. Name and address of Business (Including trade name, if any).

Name J.A.T.C.

Trade Name, if any:

P.O. Box, Bldg., Room No., if any:

Street 3005 LAMB AVE.

City COLUMBUS

State OH ZIP Code + 4 43219

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name JATC

Trade Name, if any:

P.O. Box, Bldg., Room No., if any:

Street 3005 LAMB AVE.

City COLUMBUS

State OH ZIP Code + 4 43219

9. Business deals with:

a. Labor Organization

b. Trust

c. Employer

11.a. Nature of such dealing.

APPRENTICE INSTRUCTOR

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

REIMBURSED \$295.00

12.b. Amount.

\$295.00

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any:

Street

City

State ZIP Code + 4

14.a. Nature of payment.

x

13.b. Is the Business an Employer

or Consultant ?

14.b. Amount of payment.

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8. Name and address of Business (including trade name, if any).		9. Business deals with:
Name <u>J.A.T.C.</u>		<input type="checkbox"/> a. Labor Organization
Trade Name, if any: <u></u>		<input checked="" type="checkbox"/> b. Trust
P.O. Box, Bldg., Room No., if any: <u></u>		<input type="checkbox"/> c. Employer
Street <u>300 S LAMB AVE.</u>		
City <u>COLUMBUS</u>		
State <u>OH</u> ZIP Code + 4 <u>43219</u>		
10. If 9.b. or 9.c. is checked give trust or employer's name.		
Name <u>J.A.T.C.</u>		11.a. Nature of such dealing. <u>APPRENTICE INSTRUCTOR</u>
Trade Name, if any: <u></u>		
P.O. Box, Bldg., Room No., if any: <u></u>		11.b. Approximate dollar value of such dealing. <u></u>
Street <u>300 S LAMB AVE.</u>		12.a. Nature of interest held or income received. <u>REIMBURSED</u> <u>\$295.00</u>
City <u>COLUMBUS</u>		
State <u>OH</u> ZIP Code + 4 <u>43219</u>		12.b. Amount. <u>\$295.00</u>
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).		14.a. Nature of payment.
Name <u></u>		
Trade Name, if any: <u></u>		
P.O. Box, Bldg., Room No., if any: <u></u>		
Street <u></u>		
City <u></u>		
State <u></u> ZIP Code + 4 <u></u>		
13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?		14.b. Amount of payment. <u></u>

